

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 27 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate RANDALL A. PATTERSON

Address 1352 KENSINGTON DR.

Telephone 228-348-2170 Fax 228-435-4404

Contact Name SAME Email _____

Office Sought MS. HOUSE OF REP. DIST. 115 Political Party DEMOCRAT

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	\$ 44,200	\$ 44,200
Total amount of disbursements \$	+\$	\$ 1,165.63	\$ 1,165.63
Total amount of cash on hand		\$ 51,650.05	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Randall A. Patterson
Signature of Candidate

27 JAN. 2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-678-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

RAWELL H. PATTERSON

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Reporting period

1 JAN. 2010 through 31 DEC. 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE - PAC		10/20/10	\$ 200.00
Mailing Address P.O. Box 1187		___/___/___	\$
City, State, Zip Code STARKVILLE, MS. 39760		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 200 -
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name GOVT. EMPLOYEES CREDIT CENTER, INC.		10/5/10	\$ 250.00
Mailing Address 750 SHIRLEY DR.		___/___/___	\$
City, State, Zip Code WILMINGTON DE 19801		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250 -
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name R.P. CAMPAIGN FUND		12/29/10	\$ 40,000.00
Mailing Address 195 BOHN ST.		___/___/___	\$
City, State, Zip Code BILOXI, MS. 39530		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 40,000 -
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name GEORGIA PACIFIC		___/___/___	\$ 250.00
Mailing Address P.O. BOX 61270		___/___/___	\$
City, State, Zip Code PHOENIX, AZ 85082		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 250 -

Name of Candidate or Committee

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Reporting period

through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name ATET MS. POLITICAL ACTION COMM.		8/6/10	\$ 500.00
Mailing Address 175 E. CAPITAL ST.		— / — / —	\$
City, State, Zip Code JACKSON, MS. 39201		— / — / —	\$
Name of Employer (Required)		— / — / —	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.—
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name R.P. CAMPAIGN FUND		4/12/10	\$ 2500.00
Mailing Address 195 BOHNI ST.		— / — / —	\$
City, State, Zip Code BILOXI, MS. 39530		— / — / —	\$
Name of Employer (Required)		— / — / —	\$
Occupation (Required)		Aggregate year-to-date	\$ 42500.—
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name CHILDRON POLICY GOV'T. & PUBL AFFAIRS		7/26/10	\$ 500.00
Mailing Address P.O. BOX 9034		— / — / —	\$
City, State, Zip Code CONCORD CA 94524		— / — / —	\$
Name of Employer (Required)		— / — / —	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.—
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name		— / — / —	\$
Mailing Address		— / — / —	\$
City, State, Zip Code		— / — / —	\$
Name of Employer (Required)		— / — / —	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

RUSSELL H. PATTERSON

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Reporting period

1 JAN. 2010

through

31 DEC. 2010

ITEMIZED DISBURSEMENTS

A. Full name	C & SEA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	KELLER AVE.	5/28/10	\$ 100.00
City, State, Zip Code	BILOXI, MS. 39530	___/___/___	\$
Purpose of Disbursement (Optional)	DOXATION	Aggregate Year-to-date	\$ 100.-
B. Full name	BILOXI LITTLE LEAGUE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	CAILAVET ST.	7/30/10	\$ 100.00
City, State, Zip Code	BILOXI, MS. 39530	___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 100.-
C. Full name	BILOXI DIAMOND CLUB	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	BILOXI High School	11/5/10	\$ 100.00
City, State, Zip Code	BILOXI, MS. 39532	___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 100.-
D. Full name	KNIGHT Abbey	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	Bohns St.	12/17/10	\$ 865.63
City, State, Zip Code	BILOXI, MS. 39530	___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 865.63
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$